

REMARKS

In the last Office Action,¹ the Examiner objected to the abstract; rejected claims 1-3, 5-7, 9, 11, 13, 15, and 17-33 under 35 U.S.C. § 102(b) as being anticipated by European Patent Application Publication No. EP 0784283 to Kameda Medical Information Laboratory ("Kameda"); and rejected claims 4, 8, 10, 12, 14, and 16 as being unpatentable over Kameda in view of knowledge available to one of ordinary skill in the art.

By this amendment, Applicant has amended the abstract and claims 1-3, 6, 12, 30, and 32. Applicant has also canceled claims 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, and 33, without prejudice or disclaimer. Claims 1-4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, and 32 remain pending, of which claims 1, 30, and 32 are independent. Each of the above objections and rejections is respectfully traversed for the following reasons.

A. Objections to Abstract

By this amendment, Applicant has amended the abstract to reduce the length to less than 150 words and to remove reference numbers. Accordingly, Applicant respectfully requests withdrawal of the objections to the abstract.

¹ The Office Action contains statements reflecting characterizations of the related art and the claims. Regardless of whether any such statement is identified herein, Applicant declines to automatically subscribe to any statement or characterization in the Office Action.

B. Claim Rejections - 35 U.S.C. § 102(b)

Applicant respectfully traverses the Examiner's rejections under 35 U.S.C. § 102(b) for at least the reason that Kameda fails to disclose every claim element. For example, independent claim 1, as amended, recites a system for aiding to make a medical care schedule and/or record comprising, among other things:

a display controlling device for . . . generating second display data to display a table identification mark information, which is to identify [a] medical care schedule and record table for . . . one patient, as a patient chronological table exclusive for said one patient in which the table identification mark information is arranged at a position corresponding to [a] partial period on a time axis indicating the whole period of the medical care schedule and/or record, the second display data being generated to display the table identification mark information individually for each part of [a plurality of] types of medical care actions.

Kameda fails to disclose at least these elements of amended claim 1.

Kameda describes a medical care schedule and record aiding system including an outputting device for graphically outputting medical care data in a table format. See Kameda, abstract. Figures 4-9 depict various table formats described in Kameda. The tables are formatted according to "format information which indicates a plurality of different formats for graphically outputting the medical care data and its accompanied detail medical data, including the format which prescribes the framework of the table." See id. at col. 19, ll. 48-53. For example, figure 4 depicts a table having "a plurality of lines . . . , which are divided into each type of medical care actions, and a plurality of columns . . . , which are divided into each date." See id. at col. 21, ll. 23-26. Figure 5 depicts a list of medical care data related to a specified date and/or type of action. See id. at col. 23, ll. 6-37. Figures 7 and 8 each depict medical care actions in a table with

columns divided by a predetermined time unit. See id. at col. 24, ll. 25 through col. 25, ll. 38. For example the columns in the table of figure 6 each represent a day, the columns in the table of figure 7 each represent six hours, and the columns in the table of figure 8 each represent one month. Figure 9 depicts “numerical data related to a certain medical care action which is repeatedly recorded with respect to a plurality of dates (e.g., the body temperature, the blood pressure, the specific content concentration in the blood).” See id. at col. 25, ll. 39-46. The numerical data is depicted in a table in the lower portion and at the same time as a graph in the upper portion. See id. at col. 25, ll. 47-53. In short, the tables and graphs described in Kameda merely include lines of medical care actions and related numerical data with the lines organized into columns or along time axes of varying time scales.

However, none of the tables or graphs in Kameda constitutes the claimed “patient chronological table.” For instance, none of the tables described in Kameda includes data that identifies another table. In contrast, claim 1 recites, among other things, a display controlling device for generating “second display data to display a *table identification mark information, which is to identify [a] medical care schedule and record table* for . . . one patient, as a patient chronological table exclusive for said one patient.” In addition to identifying a medical care schedule and record table for one patient, “the table identification mark information is arranged at a position corresponding to [a] partial period on a time axis indicating the whole period of [a] medical care schedule and/or record,” as recited in claim 1. Moreover, claim 1 requires that “the second display data [be] generated to display the table identification mark information individually for each

part of [a plurality of] types of medical care actions.” None of the tables or graphs described in Kameda includes a table identification mark information having these characteristics.

According to the Examiner, Kameda discloses the claimed “patient chronological table” in column 23, line 24 through column 26, line 26 and in figures 2A-9. See Office Action, p. 4. However, these passages of Kameda merely describe figures 4-9, which, as discussed above, do not constitute the claimed “patient chronological table.” Furthermore, figures 2A, 2B, and 3 do not depict data that is intended for display. Figures 2A and 2B each depict alternative data structures of medical care data to be accessed when displaying the tables shown in figures 4-9 (see Kameda at col. 15, ll. 26-28; col. 17, ll. 52 through col. 18, ll. 33) and figure 3 depicts a block diagram showing a detailed construction of an input device (see id. at col. 15, ll. 29-30; col. 18, ll. 34 through col. 19, ll. 17).

Therefore, the 35 U.S.C. § 102(b) rejection of independent claim 1 and dependent claims 2, 3, 6, 18, 20, 22, 24, 26, and 28, which depend from independent claim 1, should be withdrawn. Amended independent claims 30 and 32, although of different scope, each contain elements corresponding to the elements of claim 1 discussed above. Accordingly, the 35 U.S.C. § 102(b) rejection of independent claims 30 and 32 should also be withdrawn.

C. Claim Rejections - 35 U.S.C. § 103(a)

Applicant respectfully traverses the Examiner’s rejection of claims 4, 8, 10, 12, 14, and 16 under 35 U.S.C. § 103(a) for at least the reason that Kameda and

knowledge available to one of ordinary skill in the art, taken alone or in combination, do not teach or suggest each and every element recited in the claims.

Claims 4, 8, 10, 12, 14, and 16, at least by virtue of their dependence from claim 1, each contains elements corresponding to the elements of claim 1 discussed above. As discussed above, none of the tables or graphs in Kameda constitutes the claimed “patient chronological table.” In fact, the tables and graphs described in Kameda merely include lines of medical care actions and related numerical data with the lines organized into columns or along time axes of varying time scales. Claim 1, on the other hand, recites, among other things, a display controlling device for generating “second display data to display *a table identification mark information, which is to identify [a] medical care schedule and record table* for . . . one patient, as a patient chronological table exclusive for said one patient.” Therefore, nothing in Kameda even teaches or suggests the claimed “patient chronological table.”

The Examiner relied on knowledge available to one of ordinary skill in the art for its alleged teaching elements recited in claims 4, 8, 10, 12, 14, and 16, including magnifying techniques, use of pop-ups, use of bar shape and point shape formats, and display of pertinent patient information such as age, birth date, etc. Assuming, *arguendo*, the knowledge available to one of ordinary skill in the art teaches or suggests the elements recited in claims 4, 8, 10, 12, 14, and 16, as alleged by the Examiner, such knowledge fails to cure the deficiency of Kameda discussed above with respect to claim 1. Because claims 4, 8, 10, 12, 14, and 16, at least by virtue of their dependence from claim 1, each contains elements corresponding to the elements of claim 1

discussed above, Applicant requests that the Examiner withdraw the rejection of these claims under § 103(a).

Conclusion

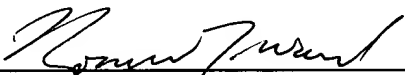
In view of the foregoing amendments and remarks, Applicant respectfully requests reconsideration of this application and the timely allowance of the pending claims.

Please grant any extensions of time required to enter this response and charge any additional required fees to our deposit account 06-0916.

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,
GARRETT & DUNNER, L.L.P.

Dated: June 6, 2006

By: 
Ronald J. Ward
Reg. No. 54,870

Attachment: Replacement Abstract